Special Attention of Thysicians	is neceptorially invited to the	memmi ks below, and to	hist of Discusses on blick of the	
	Department	dity of	Baltimore.	1.84
Permit No. 98862	Office of Registr	ar of Vitat St	atistics. Ward	100
The Physician who attended an to the Undertaker or other person su requested so to do, under penalty of No Permit	y person in a last illness, is re- perintending the burial, with law. FOR BURIAL CAN BE OBTA		//	rately filled out, , or sooner, it
CER	TIFICATE	OF D	EATH.	2
Date of Death,	Marci	W27/6	1887	
Full Name of Deceased, $\left\{ egin{smallmatrix} { m N} { m cc} \\ { m n} { m cc} \\ { m n} \end{array} \right\}$	Trite legibly and spell prrectly. If an Infant ot named, give names f parents.	3 lizabet	the Kolu	es
Sex, Male or Female, Cross require		0 74	male	
Age, 65 OS	Years,	Month	18,	Days.
Color, Colei	els	······		
Married, Single, Widow or	Widower, Cross out the w	ords not }	resour /	
Occupation,			//	
Birth Place, State or country, and long in the United St	how tates,	9	Erenany	
Duration of Residence in	the City of Baltimon	·e,	to year	
Place of Death, Give Street and Number.		11 0 20	refor	
Cause of Death, $\left\{egin{array}{l} ext{First (Print)} \\ ext{Second (In)} \end{array} ight.$	mary), Sciil	it		
Duration of Last Sickness All the above information should be fu		• •		
Place of Burial, S/ Hy	Chousees	-/	20	
Date of Burial, 721	clu29/888	1/11	15/0/8°	٨
(Undertaker, 9, Fr	rance	201	Medical Attendant	М. Д.
Place of Business,		iddress, 17	arolait	tiret

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

and date of death

Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled as to the Undertaker or other person superintending the burial, within the highest after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROTER CERTIFICATE. Days.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish wanted wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far us he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case

Health Department, City of Baltimore.

alth Department, City of Baltimore. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accupately filled out requested so to do, under penalty of law.

No Permit for Burial can be Obtained with the death of said deceased, or sooner, if Office of Registrar of Vital Statistics. Date of Death, Full Name of Deceased, \{\begin{array}{l} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \end{array} \\ Sex, \text{Male or Female,} \{\text{Cross out the word not} \\ \text{required in this line.} \end{array} \\ \text{......} Age,Married, Single, Widow or Widower, {Cross out the words not } required in this line. Days. Occupation, Birth Place, State or country, and how long in the United States, for foreign birth. Duration of Residence in the City of Baltimore, Cause of Death, First (Primary), Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Nov. cl. Date of Burial, (Undertaker, Benno Place of Business, //3 Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the same can be ascertained, the full name, sex, or the Coroner, when the case comes under his notice, to furnish within and date of death.

[OVER.]

Place of Business,

		The state of the s
Health Depart	ment, City of	Baltimore.
Permit No. 98865 Office of The	Registrar of Vilat &	vistics. Ward
The Physician who attended any person in a last i to the Undertaker or other person superintending the requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAP	lless, is responsible for the present barial, within twenty-four nours after n ea Obrained without a Prope	/
CERTIFIC	ATE OF DI	
Date of Death,	march 2	714 1887
Full Name of Deceased, write legibly and spel correctly. If an Infan not named, give named of parents,	Veorge a.	Williams
Sex, Male or Female, {Cross out the word not }	male	
Age, Syly Years,	Months	,Days
Color,	White	
Married, Single, Widow or Widower, {	cross out the words not }	derrer
Occupation,		
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Baltinear	
Duration of Residence in the City of B		V
, (Mumber.)	F. E. Madison	
Cause of Death	aprovice Br	onekitis
Duration of Last Sickness, All the above information should be furnished by the Phys	4 months	
Place of Burial, Live	went 0	71
Date of Burial, Mary	787 1 Exauce	At Dareluy M. D.
(Undertaker, CX CM ong)	Ac. 1	Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address, 18 (uway

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

				- or one of one of the Care
Permit No. 98866 The Physician who attend to the Undertaker or other persequested so to do, under penaltrequested so to do.	led any person in a last illies	vistrar of Vess, is responsible for al, within twenty-four	the presentation of this hours after the death of	Ward Certificate, accurately filled on said deceased, or sooner, i
Date of Death,	RTIFICA Mar 27	TE QF	DEAT	H.
Full Name of Decease	d, { Write legibly and spell correctly. If an Infant not named, give names } -	Grorge	Souler	
Sex, Male or Female, {				
Age,	Years,	, 10	Months,	Days
Color,	W	hote		
Married, Single, Widow	w or Widower, {Cross of required	ut the words not }	1	
Occupation,			V	
Birth Place, {State or country long in the Unif of foreign bi		us	11.	
Duration of Residence	~1	1 1	age of	
Place of Death, Give Street	eet and ber.	9 /she	de St	
Cause of Death, $\left\{ egin{array}{l} ext{First} \\ ext{Secon} \end{array} ight.$	(Primary),	hening	rifis, -	
Duration of Last Sick	Cness,d be furnished by the Physician.	30	lys -	
Place of Burial,	alleons &		/	
Date of Burial,	11/29	1 Sho	1/5/ au	Caso - M. D.
(Tindowtakan / 5) .	1/1/1/1/)	The State of the S	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

Bealth Department, City of Baltimore.
Permit No. 98867 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is respectivible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, 26 th of Mary 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Dex, Mate of Pentate, required in this line.
Age, Months, Days
Color, white
Married, Single, Widow or Widower, {Cross out the words not }
Occumation Laborer
Birth Place, State or country, and how long in the United States, of of foreign birth.
Duration of Residence in the City of Baltimore, Z Glass
Place of Death, {Give Street and} I late Threet friend out
Place of Death, {Give Street and} I later Street Sound Point Cause of Death, {First (Primary), Brown hitis & Significent following Second (Immediate), Weahnup ments
Duration of Last Sickness, Liseelles All the above information should be furnished by the Physician.
Place of Burial, Maunt Carmer
Date of Burial, Mary 29 M. D. D. M. D. M. D.
(Undertaker, 13. 19 aul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 98868 Office of Registrar of Vital Statistics. Ward /D
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty four fairs after the death of said deceased, or sooner, it requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE CHTAINED WITHOUT A PROPER DESTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, March 27 th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, / Months, 21 Days.
Color, Mulato
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} I Monroe St # 521
Cause of Death, { First (Primary), 1 Occidentally smothers in bed by Second (Immediate),) the Side of her mother
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial Festern P. Cometing
Date of Burial, March 28/87 DO
(Undertaker, Leo & Brown L. Spanow M. D. Medical Attendant.
Place of Business, Senet Office Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVEN.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certifica	ite.
Bealth Department, City of Baltimore.	- Delic
Permit No. 98869 Office of Registrar of What Statistics. Ward	
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty four holografter the death of said deceased, or sooner requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.	ut, , if
CERTIFICATE OF DEATH.	
Date of Death, March 26 5 1887	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	
Sex, Male of Howard, {Cross out the word not } required in this line.	
Age, 6/ Years, 8 Months, 11 Da	ys
Color, Colored	
Married, Style Walker Willows (Cross out the words not) required in this line.	
Occupation, Gardener	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Life time	
Place of Death, {Give Street and } 55 Shart St.	
Cause of Death, { First (Primary), Incurrence Second (Immediate), Old age	
Duration of Last Sickness, 3 weeks All the above information should be furnished by the Physician.	
Place of Burial Lamel Ormeter	
Date of Burial, monch do 1881-14	
S Undertaker, The made Medical Attendant. Medical Attendant.	D.
Place of Business, 46 East al Address, 439 h. Central On	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The special account of Physicians is acopecularly invited to the members below, and to this of Discuses on Dack of tills Certificate.
Bealth Department, City of Baltomore.
Permit No. Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Cartificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours when the death of said deceased, or ever, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
Date of Death, D
Full Name of Deceased, Write legibly and spell Correctly. If an Infant Deceased, so not named, give names
Sex, Male or Female, {Cross out the word not }
Age, 2 Years, Months, Days.
Color, // bite
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life line
Place of Death, {Give Street and}
Cause of Death, Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Baltumon for
Date of Burial, March 20
Undertaker, M. D. Medical Attendant.
Place of Business, 1578 Bondairess, 11 8 Bondaires
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Beglth Department, City of Baltimore.
The Physician who attended any person in a last illness, is responsible to the presentation of the tifficate, accurately filled out, to the Undertaker or other person superintending the burial, within the person state of the death of said deceased, or sooner, if requested so to do, under penalty of law.
CERTIFICATE OF DEATH.
Date of Death, March 27 /88 / Full Name of Deceased, {Write legibly and spell not named, give names of parents.
Sex, Months, — Days Color. Colorell
Married, Single, Widow or Widower, {Cross out the words not } Occupation,
Birth Place, {State or country, and how long in the United States, for foreign birth. Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } Corlton Stx 25
Cause of Death, { Second (Immediate), Couvulious!
Duration of Last Sickness, All the above information model be furnished by the Physician. Place of Burial, Sickness, Claudical
Date of Burial Carch 29 75 1887 16. W. Kebru M. D. (Undertaker, Same de March Medical Attendant.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
City of Baltimore.

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